Summary of the Development of the Emergency Service of the Community Mental Health Center of Lancaster County

In the 1960s, the populations of state, inpatient psychiatric hospitals were reduced, through a process known as deinstitutionalization. This coincided with the development of community mental health centers whose purpose was to provide outpatient services to this population as well as to provide a broad range of mental health services to citizens who were unable to afford private psychiatrists and therapists. During this period, the Southeast Psychiatric Clinic in Lincoln, Nebraska changed its name to the Community Mental Health Center of Lancaster County and began to expand its services. Crisis intervention and emergency mental health services to clients of the center were provided through a system that relied upon the center's professional staff taking turns providing responses to crises twenty four hours a day. In addition to their usual jobs, these professionals would meet needs for emergency assessment, screening for hospitalization, consultation to law enforcement and other professionals as well as respond to client's crises with emergency counseling.

As the Mental Health Center continued to grow, the number of emergency service needs became so great that a distinct emergency service department was created and specialized staff were hired to provide emergency services twenty four hours every day . These now included providing emergency evaluations for jail inmates, juveniles in detention, and persons experiencing crises in hospital emergency rooms. Consultation to the police, sheriff, and other agencies involved in providing emergency services also continued to grow. Due to the nature of this work, conflict and chaotic situations were sometimes encountered and a need to coordinate the efforts of the involved agencies was identified.

Some problems were due to the complexity of the emergency service system , limited resources, episodes of miscommunication and conflict. Lapses in continuity of service delivery, insufficient cooperation among agencies and inefficient use of resources were encountered. Concerned professionals from involved agencies began to meet on a regular basis to try to solve problems, coordinate and improve services. This was not always a pleasant process. Hostility, blaming and defensiveness sometimes interfered with solving problems in a constructive manner. As a participant in this process, the Community Mental Health Center assumed some responsibility for working on the problems. As the efforts of the group continued, alliances were formed among emergency service providers and a shift from an attitude of defensiveness, blaming, and territoriality to one of support and cooperation began. Although there were never enough resources to meet all of the emergency service needs identified, the group learned to maximize the effectiveness of the resources that were available and learn from our mistakes.

Since the mid 1980s, it had become apparent that the level of emergency and ongoing mental health resources was insufficient to meet the community's need. Individuals experiencing mental health crises were often placed in jails when no other placement was available. This was consistent with a nationwide trend of jailing the mentally ill when treatment was not available and added to the frustration of service providers concerned with ethical treatment.

State Senator Don Wesely became concerned about this problem and introduced LB257 in the Nebraska Legislature. LB257 prohibited the detention of noncriminal, mentally ill people in jails and creates appropriate facilities for their evaluation and safekeeping. The emergency service coordinating group together with agency

directors met in 1988 to respond to LB257's requirements for southeast Nebraska. Although the group did a considerable amount of research, there were no models of community-based emergency protective custody facilities applicable to the needs of Region V in southeast Nebraska. Local hospitals were not willing to establish such a facility as they saw it as inconsistent with their mission. Other correctional and treatment facilities in the area were also unwilling. After exploring the possible solutions to the need for emergency detention for mentally ill persons, George Hanigan, Director of the Community Mental Health Center of Lancaster County, decided to assume responsibility for the creation of the Crisis Center. With the active involvement and assistance from the law enforcement, the medical community, and other agencies, the Crisis Center was created.

The program opened on March 6, 1989, and expanded from ten to fifteen beds when it relocated from the Regional Center Campus to the remodeled Community Mental Health Center building in 1996. Utilization of the Crisis Center has always been high and recently over nine hundred persons were admitted in one calendar year. Ten years after its opening, the Crisis Center remains an example of how a variety of community agencies can work constructively together to make a significant improvement in an area of intense human need. It is this spirit of cooperation, support, and the lack of defensiveness and territoriality that has allowed emergency services in Region V to function effectively.

Emergency programming continues to evolve in Region V as new challenges are faced. In recent years changes in resource availability, the organization of some agencies and a redesign of the behavioral health care system have emerged. The people who are involved in coordinating emergency services continue to work to find efficient and creative ways to make sure that providing safety and care to people in need is our highest priority.

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